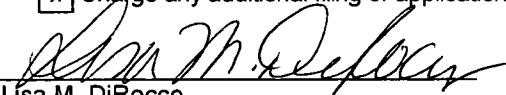
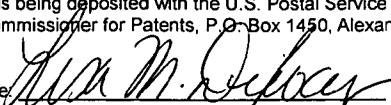




DO NOT ENTER: /T.W./

06/30/04

IPV# AF/1639

AMENDMENT TRANSMITTAL LETTER				Docket No. RGV-006CPCPA																																					
Application No. 09/293670-Conf. #5176		Filing Date April 16, 1999		Examiner T. D. Wessendorf																																					
Art Unit 1639																																									
Applicant(s): Joseph FISHER et al.																																									
Invention: MULTIPARAMETER FACS ASSAYS TO DETECT ALTERATIONS IN CELLULAR PARAMETERS AND TO SCREEN SMALL MOLECULE LIBRARIES																																									
TO THE COMMISSIONER FOR PATENTS																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
CLAIMS AS AMENDED																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">Claims Remaining After Amendment</th> <th style="text-align: center; padding: 2px;">Highest Number Previously Paid</th> <th style="text-align: center; padding: 2px;">Number Extra Claims Present</th> <th style="text-align: center; padding: 2px;">Rate</th> <th colspan="2" style="text-align: center; padding: 2px;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">Total Claims</td> <td style="text-align: center; padding: 2px;">4</td> <td style="text-align: center; padding: 2px;">- 20 =</td> <td style="text-align: center; padding: 2px;">x</td> <td colspan="2" style="text-align: center; padding: 2px;">0.00</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Independent Claims</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">- 3 =</td> <td style="text-align: center; padding: 2px;">x</td> <td colspan="2" style="text-align: center; padding: 2px;">0.00</td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 2px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td colspan="2" style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 2px;">Other fee (please specify):</td> <td colspan="2" style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 2px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td colspan="2" style="text-align: center; padding: 2px;">0.00</td> </tr> </tbody> </table>						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			Total Claims	4	- 20 =	x	0.00		Independent Claims	1	- 3 =	x	0.00		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00	
Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																						
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00																																					
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
 Dated: <u>June 28, 2004</u>																																									
Lisa M. DiRocco Attorney Reg. No.: 51,619																																									
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400																																									
<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL982742063US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <p>Dated: June 28, 2004 Signature:  (Lisa M. DiRocco)</p>																																									



Docket No.: RGV-006CPCPA
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Fisher, et al.

Application No.: 09/293670

Group Art Unit: 1639

Filed: April 16, 1999

Examiner: T. Wessendorf

For: MULTIPARAMETER FACS ASSAYS TO DETECT ALTERATIONS IN CELLULAR PARAMETERS AND TO SCREEN SMALL MOLECULE LIBRARIES

**MS AF
Commissioner for Patents
Post Office Box 1450
Alexandria, VA 22313-1450**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail Receipt No. EL982742063US in an envelope addressed to: MS AF, Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450, on the date shown below.

June 28, 2004

By:

Lisa M. DiRocco
Lisa M. DiRocco, Esq.
Registration No. 51, 619
Attorney for Applicants

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This communication is in response to the Office Action dated March 26, 2004. Please amend the application as follows:

Amendments to the Claims begin on page 3 of this paper

Remarks begin on page 4 of this paper